



Research Article

Achieving 'Supraja': A Retrospective Study on Outcomes of Pregnancy with Ayurvedic Prenatal Care

Dr. Narayan Chandra Mishra ^{1*}, Ranjeet Kumar ²

¹ Associate Professor & HOD, Department of Prasuti Tantra evam Stree Roga, Government Autonomous Ashtang Ayurved College and Hospital, Indore, Madhya Pradesh, India

² BAMS (Final prof.), Government Autonomous Ashtang Ayurved College and Hospital, Indore, Madhya Pradesh, India

Corresponding Author: * Dr. Narayan Chandra Mishra

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Abstract

Pregnancy is a critical physiological phase requiring systematic monitoring to ensure optimal maternal and foetal outcomes. Anthropometric parameters of newborn such as birth weight, length, head circumference, gestational age at birth, and APGAR score are reliable indicators of intrauterine growth and neonatal well-being. The present retrospective observational study was conducted at the Department of Prasuti Tantra & Stree Roga, Government Autonomous Ashtang Ayurved College & Hospital, Indore, M.P. to evaluate outcomes of pregnancies cared with Ayurvedic principles of *Garbhini Paricharya*. Clinical records from the past three years were subjected to analysis for maternal profile, gestational age at delivery, neonatal anthropometry, and immediate neonatal complications if any.

A total of 162 cases were reviewed from records of last three years data. The majority of mothers were between 25–30 years of age (43.8% cases), followed by those below 25 years (40.74% cases). Gravida 2 constituted the largest group (40.12% cases). Most deliveries occurred between 250–259 days of gestation (43.20% cases), indicating a predominance of term pregnancies. Birth weight analysis revealed that 74.07% neonates weighed between 2.5–3.5 kg, and 11.11% weighed more than 3.5 kg, while only 14.81% cases were categorized as low birth weight <2.5 kg. APGAR scores were reassuring in the majority, with 92.59% neonates scoring ≥ 7 . Head circumference ranged between 30–35 cm in 91.35% cases, and most neonates (55.55% cases) measured more than 45 cm in length, indicating appropriate skeletal and neurological development.

The observational findings of pregnancy outcomes suggest a low incidence of intrauterine growth restriction and favourable neonatal adaptation among pregnancies managed with Ayurvedic antenatal care. Classical Ayurvedic regimens emphasizing *Ahara* (diet), *Vihara* (lifestyle), *Aushadha* (herbal support), and *Masanumasik Paricharya* appear to support *Dhatu Poshana*, *Garbha Vriddhi*, and regulation of *Vata*, contributing to healthy foetal growth and desired outcomes of pregnancy.

Although present retrospective study design is of small sample size, the results provide supportive clinical evidence for the potential role of Ayurvedic antenatal management in achieving healthy pregnancy outcomes and the concept of Supraja. Further prospective controlled studies with large population are recommended to strengthen evidence and explore systemic correlations.

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1. INTRODUCTION

Pregnancy is considered as a vital and sensitive phase in a woman's life. Systemic supervision i.e. examination and advice during pregnancy is called antenatal care. Antenatal care plays a fundamental role in maintaining maternal health and supporting normal foetal development throughout pregnancy. Modern obstetric practices emphasize the importance of periodic antenatal check-ups, adequate nutritional support, diagnostic imaging, and appropriate medical management serve as tool to ensure favourable pregnancy outcomes. Ayurveda provide a holistic approach toward antenatal care through well-established guidelines such as *Garbhini Paricharya*. It views pregnancy as a delicate and sacred stage, where proper diet, lifestyle regulation, herbal formulations, and therapeutic procedures contribute to the nourishment and growth of the foetus as well as wellbeing of mother too. Proper foetal growth and development serve as key indicators of a healthy intrauterine environment. These are commonly assessed using anthropometric parameters such as foetal weight, length, head circumference, abdominal circumference, and femur length. History taking, examinations and necessary investigation help in the early identification of growth abnormalities such as intrauterine growth restriction (IUGR), macrosomia, and other developmental complications, thereby allowing timely medical intervention.

According to Ayurvedic principles, the primary goal of antenatal care is to maintain the balance of Doshas, improve maternal digestive and metabolic functions (*Agni*), enhance tissue nourishment (*Dhatu Poshan*), and support optimal foetal growth (*Garbha Vriddhi*). *Ayurvedic samhitas* describe various dietary recommendations, medicinal preparations, and therapeutic procedures that are believed to promote healthy pregnancy outcomes. These interventions may positively influence foetal anthropometric parameters by improving maternal nutrition, placental efficiency, and the overall intrauterine environment.

Retrospective observational studies play an important role in understanding the effectiveness of different management strategies by analysing previously recorded clinical data. The present study aims to evaluate foetal anthropometric measurements in pregnant women who received antenatal care under Ayurvedic management. By examining clinical records and foetal growth parameters, this study attempts to explore the potential contribution of Ayurvedic antenatal care in supporting foetal development and improving pregnancy outcomes.

Aim of the Study

To retrospectively evaluate foetal anthropometric parameters as outcome of pregnancy and to assess the role of Ayurvedic antenatal care (*Garbhini Paricharya*) in the maintenance of normal foetal growth and development.

2. OBJECTIVES OF THE STUDY

- To assess the impact of Ayurvedic antenatal care (*Ahara*, *Vihara*, and *Aushadha*) on maternal health, foetal growth, and pregnancy outcomes, including growth abnormalities.

- To evaluate foetal anthropometric parameters in relation to gestational age in pregnancies managed according to the principles of *Garbhini Paricharya*.

3. REVIEW OF LITERATURE

Garbhini Paricharya, the Ayurvedic concept of antenatal care, has been elaborately described in classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Kashyapa Samhita*, *Ashtanga Hridaya*, *Harit Samhita* and other ayurvedic literature. The literature highlights pregnancy as a highly sensitive physiological state where the health of the mother and foetus are interdependent. *Acharyas* have emphasized that appropriate care during pregnancy determines not only safe delivery but also the long-term physical, mental, and immunological strength of the offspring.

Ayurveda broadly classifies *Garbhini Paricharya* into two major aspects: ***Samanya Paricharya*** (general antenatal care) and ***Vishesh or Masanumasik Paricharya*** (month-wise antenatal care). *Samanya Paricharya* focuses on the overall diet, lifestyle, psychological well-being, and avoidance of harmful factors throughout pregnancy. Classical texts describe that proper maternal nutrition is divided into three functional roles: nourishment of the mother, growth and development of the foetus, and preparation of breasts for lactation. *Acharyas* have recommended intake of foods that are *Hridaya* (pleasant), *Drava* (liquid), *Praya Madhura* (predominantly sweet), *Snigdha* (unctuous), and *Deepaniya* (digestive stimulant). Dietary substances such as milk, ghee, rice varieties like *Shali Shastika*, wheat, green gram, butter, fruits, and honey have been repeatedly mentioned as beneficial for pregnant women.

Various *Acharyas* have contributed specific dietary and lifestyle recommendations. *Acharya Sushruta* emphasized consumption of palatable, *Madhur*, *sheeta* and *drava* foods throughout pregnancy, while *Acharya Kashyapa* advised the use of milk, meat preparations, and warm water for better nourishment. *Yogaratanakara* and *Acharya Harita* further described congenial diets including *Yavagu*, *yusha*, *payasa* and easily digestible nutritive foods. These dietary measures are believed to promote vitality, strength, and proper functioning of sensory organs in the developing foetus.

Ayurvedic literature also describes essential factors required for conception under the concept of *Garbhotpattikara Ghataka*, which includes *Ritu* (fertile period), *Kshetra* (healthy reproductive organs), *Ambu* (nutritive environment) and *Beeja* (healthy sperm and ovum). *Vagbhata* expanded these factors by highlighting the importance of proper uterine environment, balanced *Vata Dosha*, and positive psychological status of the mother.

Classical texts strongly emphasize avoidance of *Garbhopaghatakara Bhavas*, which are factors harmful to foetal growth. *Acharya Charaka*, *Sushruta*, and *Kashyapa* described excessive physical exertion, suppression of natural urges, psychological stress, improper posture, excessive sexual activity, sleep disturbances, fear, trauma, and heavy lifting as potential causes of abortion, foetal deformities, or intrauterine death. These observations correlate with modern obstetric understanding that maternal stress, physical strain, and poor lifestyle habits can adversely affect pregnancy outcomes.

Masanumasik Garbhini Paricharya provides detailed month-wise regimens designed according to the developmental stage of the foetus. During the first trimester, emphasis is given to nourishing, *Sheet*, *Madhur*, *Snigdha* and easily digestible foods, including milk and lipid-based preparations such as medicated ghee formulations. *Ashwagandha Ghrita*, described in classical texts, is considered beneficial for foetal tissue formation, maternal mental stability, immune modulation, and *Vata* pacification. *Ashwagandha* has also been recognized in modern pharmacological studies for its anti-oxidant, adaptogenic, neuroprotective and tissue-building properties.

From the fourth month onward, rapid muscular development of the foetus increases the requirement of protein, which is fulfilled through meat soup and other protein-rich diets. *Acharya Kashyapa* described management of specific pregnancy-related disorders such as urinary retention and *Vata*-related pain using *Eranda Taila* with milk.

Therapeutic *basti* procedures are recommended in later months for regulating *Vata Dosha*, relieving constipation, and preparing the uterus for labour. The eighth month is particularly important for administration of mild *basti* therapies, which help in *Vatanulomana* and facilitate normal labour.

Garbhashtapaka Dravyas have been extensively described in Ayurvedic literature as substances that help maintain pregnancy and prevent abortion. Herbs such as *Bacopa monnieri* (*Aindri*), *Centella asiatica* (*Brahmi*), *Asparagus racemosus* (*Shatavari*), *Tinospora cordifolia* (*Guduchi*), *Terminalia chebula* (*Haritaki*), *Picrorhiza kurroa*, *Sida cordifolia* (*Bala*), and *Cynodon dactylon* have demonstrated multiple pharmacological properties including immunomodulatory, anti-inflammatory, neuroprotective, hepatoprotective, and adaptogenic effects. Modern research supports these traditional claims, showing their role in improving metabolic balance, preventing gestational diabetes, enhancing lactation, and supporting neurological development.

Ayurvedic texts also emphasize psychological care during pregnancy under the concept of *Vichara* and *Dauhrida Avastha*. Classical scholars explained that fulfilment of maternal cravings reflects foetal desires and contributes to healthy physical and psychological development of the child. Emotional stability, affectionate behaviour of family members, positive surroundings, and stress-free living have been repeatedly highlighted as essential for maintaining pregnancy.

Modern scientific research supports many Ayurvedic principles through the concept of foetal programming, which explains how maternal nutrition, hormonal balance, and environmental factors influence gene expression and predispose the child to chronic diseases later in life.

Thus, available literature indicates that *Garbhini Paricharya* provides a comprehensive and holistic framework for antenatal care. By integrating dietary management, lifestyle regulation, psychological support, herbal therapeutics, and preventive healthcare, Ayurveda aims to ensure safe pregnancy, normal delivery, and long-term health of the offspring. The classical guidelines of *Garbhini Paricharya* show remarkable alignment with modern concepts of prenatal health, making it a valuable integrative approach in maternal healthcare.

4. MATERIALS AND METHODS

- **Study Design** - Retrospective observational study.
- **Study Setting** - Department of Prasuti Tantra evam Stree Roga (GOVERNMENT AUTONOMOUS ASHTANG AYURVED COLLEGE & HOSPITAL, INDORE, M.P.).
- **Study Population** – 162 Pregnant women who received antenatal care in our hospital.
- **Study Duration** -Records from last 3years (2023-2025)

OBSERVATIONS

AGE OF PATIENT (IN YEARS)	QUANTITY
LESS THAN 25	66
25-30	71
MORE THAN 30	24

- ❖ The majority of mothers fall in the **25–30 years** age group (71 cases), closely followed by **<25 years** (66 cases). Only **24 cases** are above 30 years.

Gravida (G)	Quantity (n)
Primary (G1)	52
Secondary (G2)	65
Multi (>G2)	45

- ❖ Highest number are **G2 mothers (65)**. Primary gravida accounts for **52 cases**. Multigravida (>2) constitute **45 cases**.

Gestational Age (Days)	Quantity (n)
< 250	44
250–259	70
> 259	48

- ❖ Maximum deliveries occurred between **250–259 days (70 cases)**. 48 cases delivered beyond 259 days. 44 cases delivered before 250 days.

Gender	Quantity (n)
Male	78
Female	84

- ❖ Slight female predominance (84 females vs 78 males). Nearly equal gender distribution.

Birth Weight (kg)	Quantity (n)
< 2.5	24
2.5–3.5	120
> 3.5	18

- ❖ Majority of babies (120) fall in **2.5–3.5 kg range**. 18 babies weigh >3 kg. Only 24 babies are low birth weight (<2.5 kg).

APGAR Score	Quantity (n)
< 7	12
7–8	120
8–10	30
Total	162

- ❖ Majority (120 babies) scored 7–8. 30 babies scored 8–10. Only 12 babies had APGAR <7.

Head Circumference (cm)	Quantity (n)
< 30	2
30–35	148
> 35	12

- ❖ Vast majority (148 cases) fall within 30–35 cm. Very few microcephaly cases (<30 cm). 12 cases >35 cm.

❖ COMPARISON BETWEEN GESTATIONAL AGE OF NEW BORN AND THEIR ANTHROPOMETRIC MEASUREMENTS WITH STANDARD MEASUREMENTS

Gestational age	Average weight (in kgs)	Standard weight (in kgs)	Average head circumference (in cms)	Standard Head circumference (in cms)	Average foetal length (in cms)	Standard Foetal length (in cms)
Less than 32 weeks	2.63	1.75	31.66	29.4	46	43.0
33 weeks	2.40	1.95	32.00	30.15	45	44.1
34 weeks	2.38	2.16	32.60	30.81	44.4	45.3
35 weeks	2.83	2.37	33.16	31.41	44.5	46.3
36 weeks	2.76	2.59	33.17	31.94	45.76	47.3
37 weeks	2.91	2.80	33.94	32.41	46.39	48.3
38 weeks	2.89	3.00	34.16	32.81	45.54	49.3
39 weeks	3.08	3.18	34.15	33.14	47.50	50.1
40 weeks	2.5	3.38	32.66	33.39	46.66	51.0

Length (cm)	Quantity (n)
< 40	7
40–45	65
> 45	90

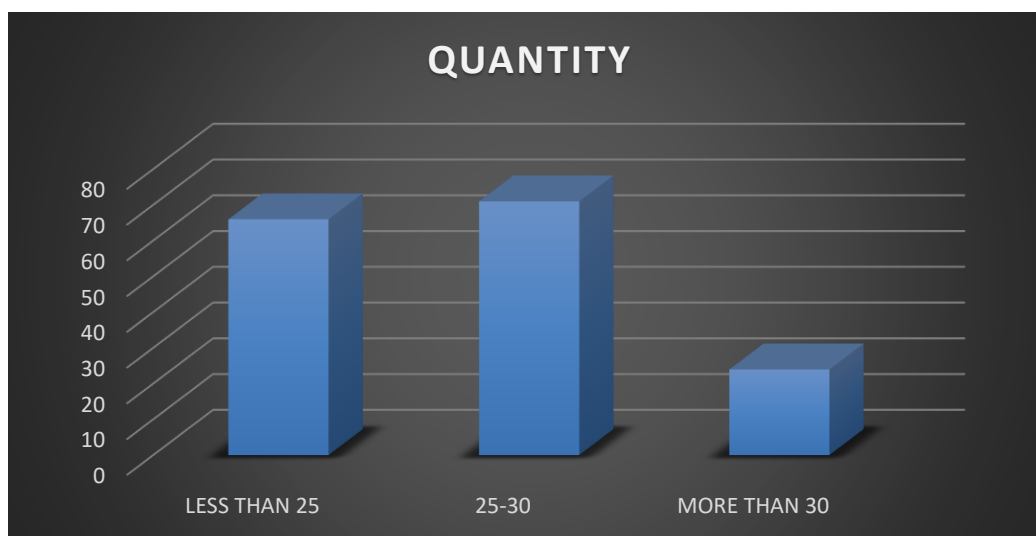
- ❖ Majority of babies measure >45 cm (90 cases). 65 cases between 40–45 cm. Only 7 below 40 cm.

5. DISCUSSION

The present retrospective observational study conducted at the Department of Prasuti Tantra evam Stree Roga, Government Autonomous Ashtang Ayurved College & Hospital, Indore, M.P. to evaluates foetal anthropometric parameters in pregnancies managed under Ayurvedic principles of *Garbhini*

Paricharya. The findings demonstrate encouraging maternal and neonatal outcomes, which can be analysed in relation to both classical Ayurvedic concepts and modern obstetric standards.

1. Maternal Age Distribution and Its Significance



The majority of mothers belonged to the 25–30 years age group (43.83% cases), followed closely by <25 years (40.70% cases), while only 14.81% cases were above 30 years.

From a modern obstetric perspective, the age group of 20–30 years is considered optimal for pregnancy, as it carries comparatively lower risks of chromosomal abnormalities, gestational diabetes, hypertensive disorders, and obstetric

complications. The predominance of this age group may have positively influenced overall pregnancy outcomes.

From an Ayurvedic viewpoint, this period corresponds to peak *Dhatu Bala* and *Artava Shuddhi*, which support proper *Ritu*, *Kshetra*, *Ambu* and *Beeja* factors essential for healthy *Garbhotpatti*. Thus, age distribution itself may have contributed to favourable fetal biometric findings.

2. Gravida Status and Pregnancy Outcome

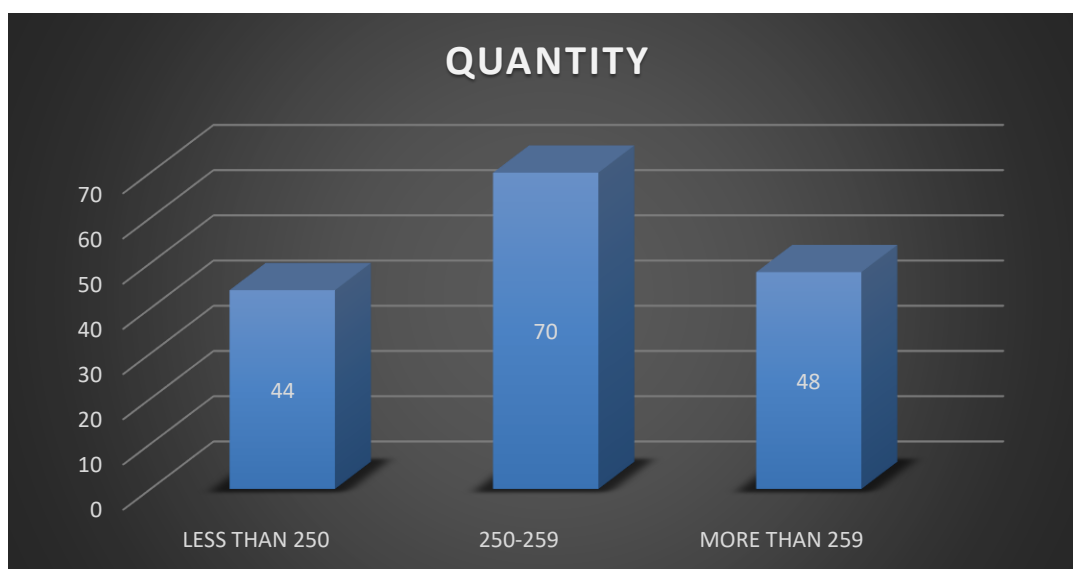


The highest proportion of cases were Gravida 2 (40.12%), followed by Primigravida (32.09%), and Multigravida (>2) (27.77%).

Second gravida mothers often demonstrate better obstetric adaptation due to prior physiological and psychological experience of pregnancy and labour. The balanced distribution between primary- and multigravida groups suggests that antenatal care was applied across diverse obstetric categories.

Ayurveda emphasizes that repeated pregnancies may cause *Dhatu Kshaya* if not properly nourished. However, the satisfactory neonatal parameters observed in multigravida women suggest effective *Dhatu Poshana* through *Ahara*, *Vihara*, and *Aushadha*.

3. Gestational Age at Delivery



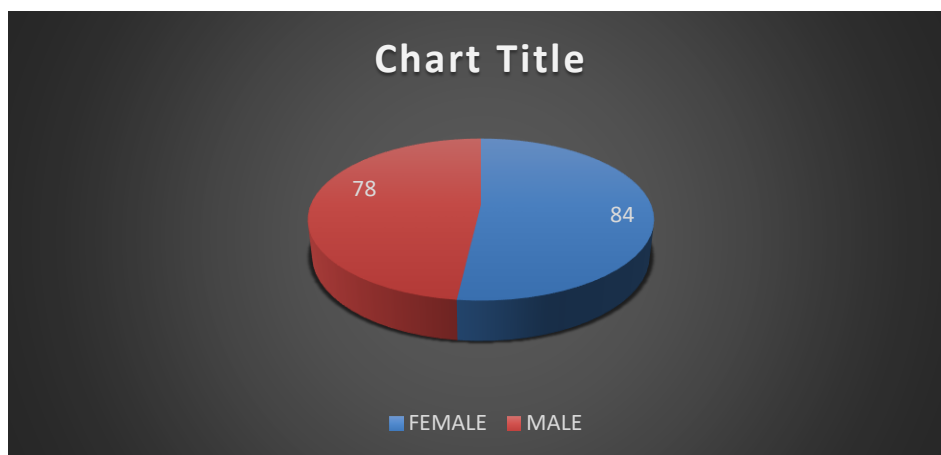
Maximum deliveries occurred between 250–259 days (43.20% cases), followed by >259 days (29.62% cases), while 27.16% cases delivered before 250 days.

The predominance of term deliveries (250–259 days $\approx$ 37–40 weeks) indicates good maintenance of pregnancy without significant preterm incidence. This aligns with the Ayurvedic concept of *Garbhasthapaka Dravyas* and avoidance of

Garbhopaghatakaras Bhavas, which aim to prevent abortion and preterm labour.

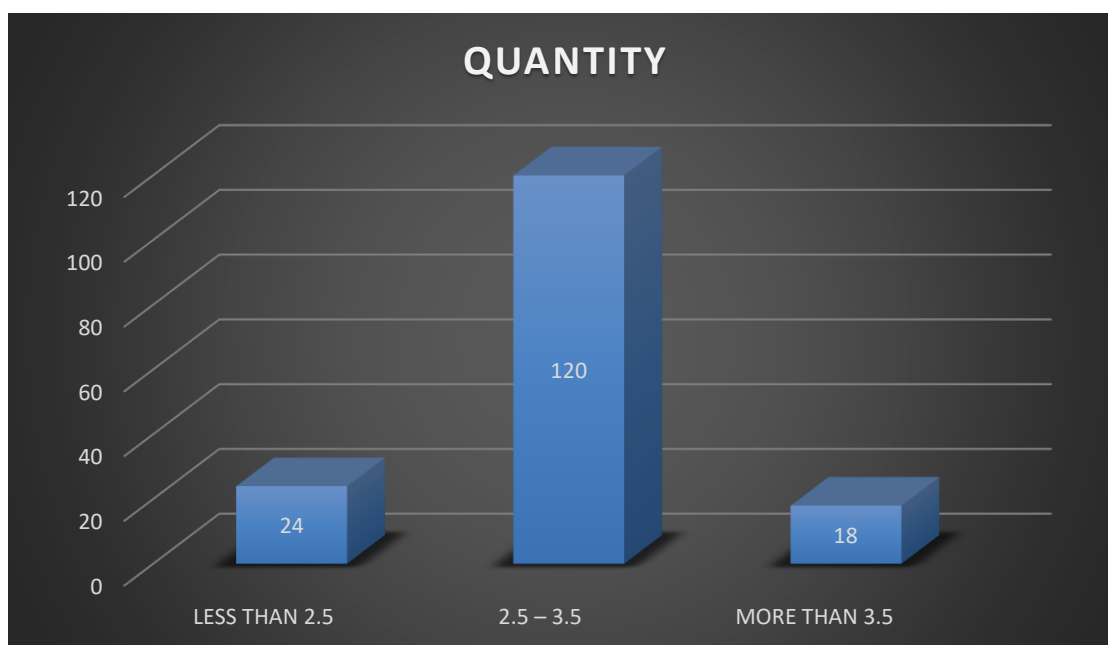
Minimal preterm deliveries suggest that Vata regulation may have been effectively managed through diet, medicated ghee, milk preparations, and lifestyle regulations described in *Masanumasik Paricharya*.

4. Gender Distribution



The nearly equal distribution (78 males, 84 females) indicates no gender bias or selection pattern. This suggests natural population distribution.

5. Birth Weight Analysis



- <2.5 kg (Low Birth Weight): 24 cases
- 2.5–3.5 kg: 120 cases
- 3.5 kg: 18 cases

The majority (74.07% cases) fell within 2.5–3.5 kg, and 11.11% babies weighed >3.5 kg. Only 14.8% cases were low birth weight.

This indicates:

- Low incidence of IUGR
- Good intrauterine growth

Adequate maternal nutrition

Ayurvedic dietary regimens emphasizing milk, ghee, *Shashtika* rice, wheat, green gram, and protein-rich meat soups from the 4th month onward may have contributed to appropriate foetal growth.

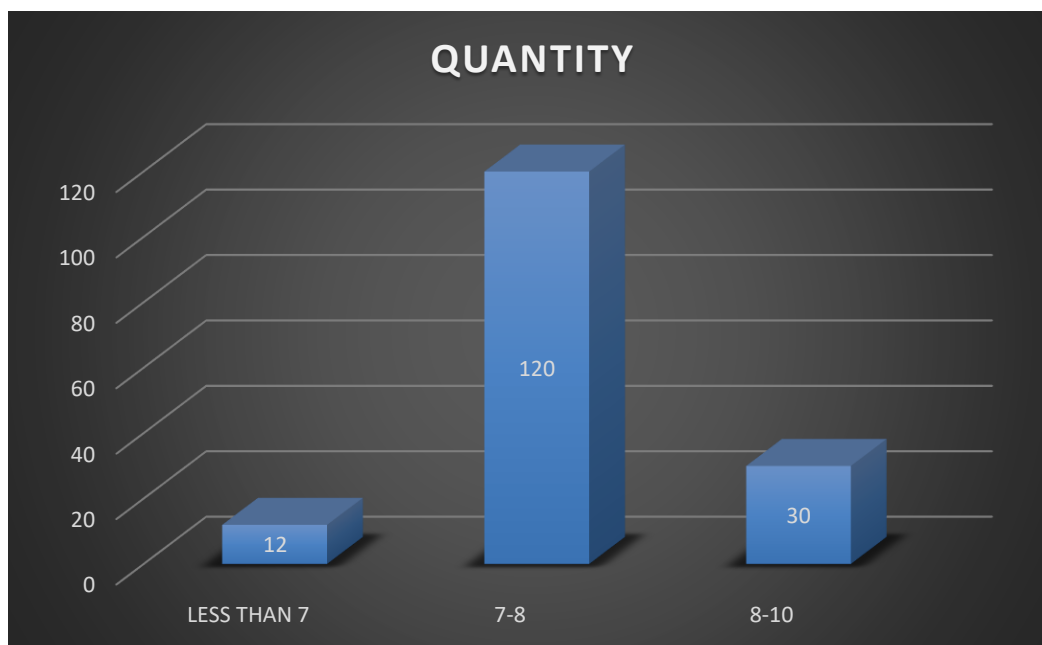
Herbs such as:

- *Asparagus racemosus*
- *Tinospora cordifolia*
- *Withania somnifera*

are known for immunomodulatory and anabolic properties, which may support placental efficiency and nutrient transfer.

The relatively low LBW rate suggests improved *Rasa* and *Rakta Dhatu* nourishment, ensuring optimal *Garbha Vriddhi*.

6. APGAR Score Interpretation



- <7: 12 cases
- 7–8: 120 cases
- 8–10: 30 cases

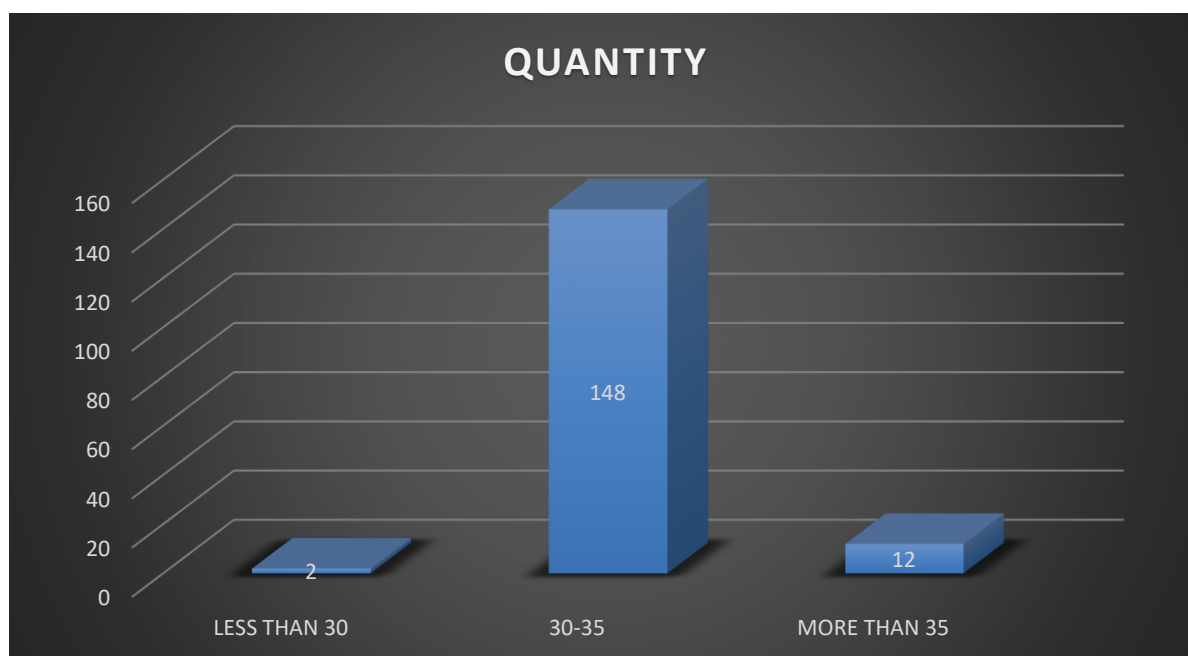
Majority (92.59%) scored ≥ 7 , indicating good neonatal adaptation.

Apgar scores reflect neonatal vitality, respiratory effort, and cardiovascular stability. The predominance of satisfactory scores indicates:

- Minimal birth asphyxia
- Good foetal maturation
- Effective antenatal and intrapartum management

From an Ayurvedic point of view, proper *Vatanulomana* and maintenance of balanced Doshas during pregnancy and labour may contribute to smoother neonatal transition.

7. Head Circumference



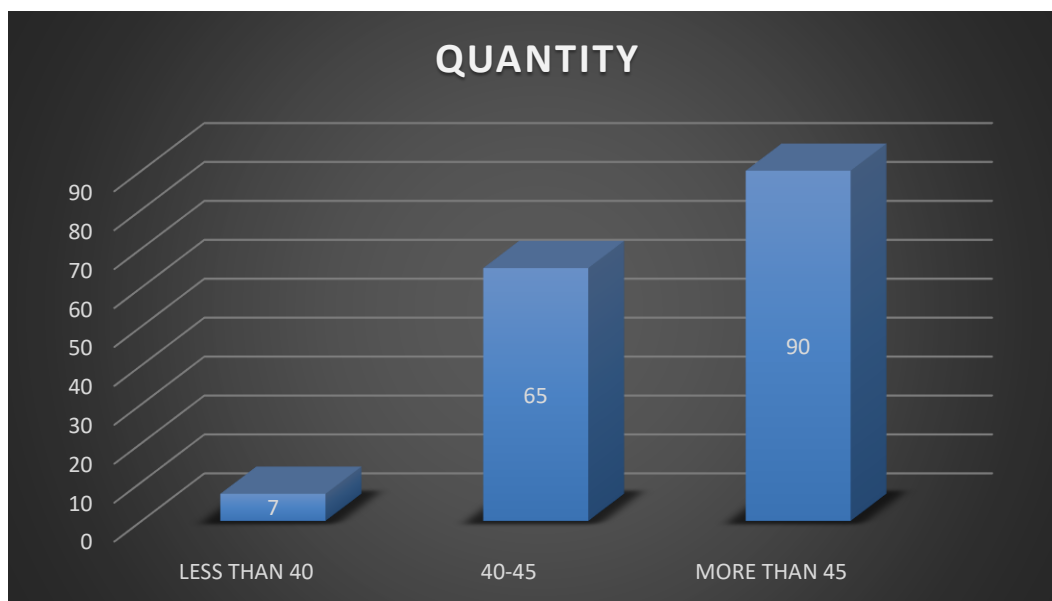
- <30 cm: 2 cases
- 30–35 cm: 148 cases
- 35 cm: 12 cases

Most neonates (91.35%) fell within normal range (30–35 cm), indicating:

- Minimal microcephaly

- Appropriate brain development
- Ayurveda emphasizes psychological well-being (*Manasika Bhava*), fulfilment of maternal cravings (*Dauhrida*), and use of *medhya* drugs, which may support neurological development.

8. Length at Birth



- <40 cm: 7 cases
- 40–45 cm: 65 cases
- 45 cm: 90 cases

Majority (>45 cm) indicate satisfactory skeletal growth. Adequate protein intake and fourth-month dietary enhancement described in classical texts correlate with foetal muscular and skeletal development.

Interrelationship of Observations

The data collectively show:

- Optimal maternal age distribution
- High proportion of term deliveries
- Majority normal birth weights

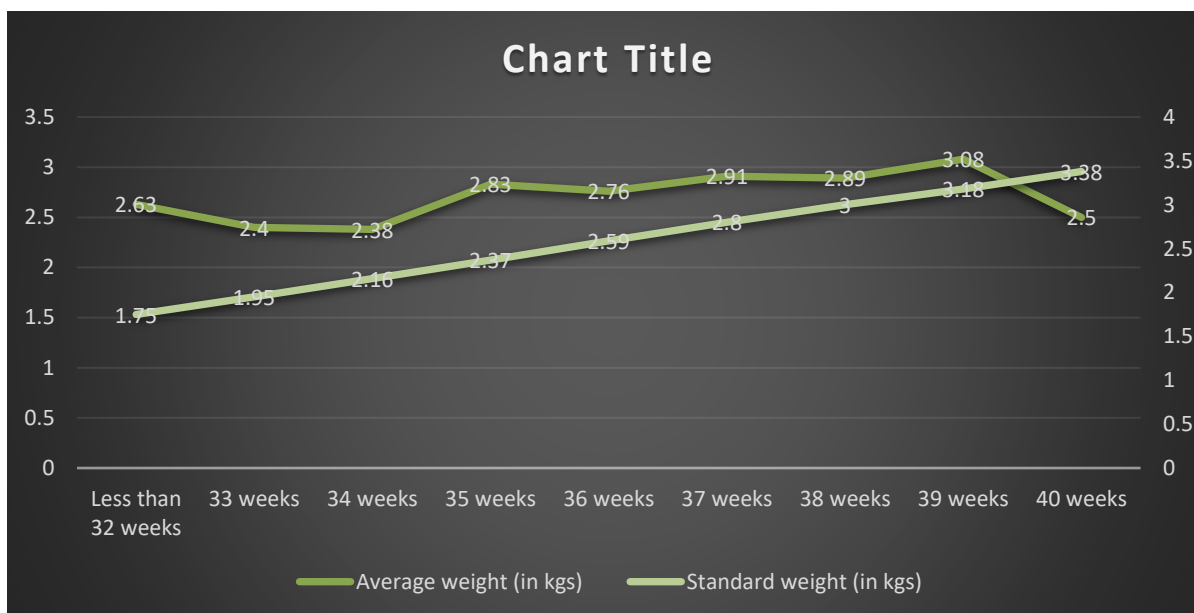
- Excellent APGAR scores
- Normal head circumference and length

These parameters are interrelated indicators of healthy intrauterine growth. Adequate gestational duration supports weight gain and skeletal development, which in turn contributes to better APGAR scores.

The low incidence of LBW and abnormal anthropometry suggests that Ayurvedic antenatal management may contribute to:

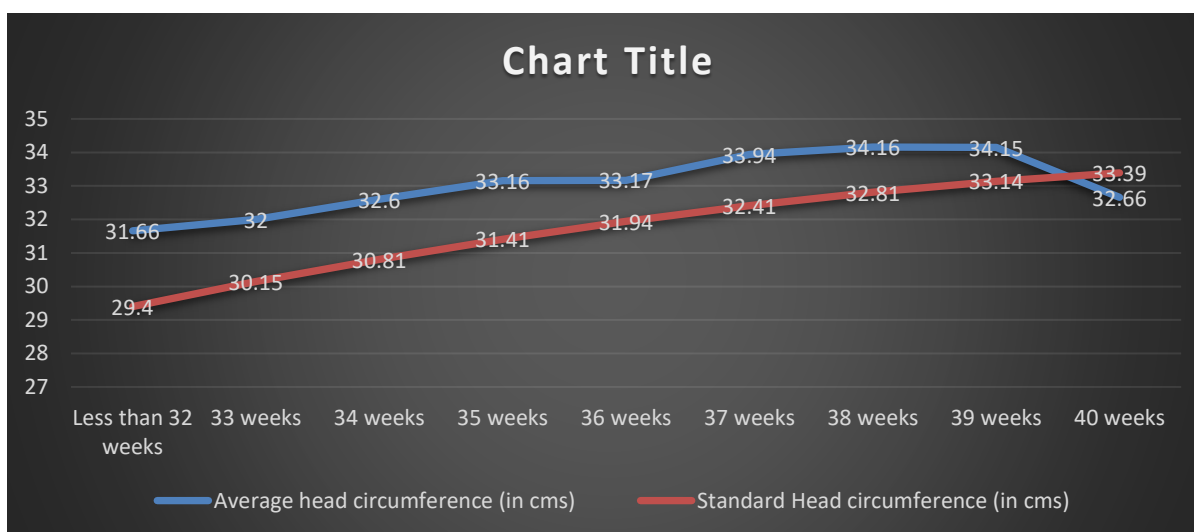
- Improved placental perfusion
- Balanced maternal metabolism
- Reduced stress
- Proper foetal tissue nourishment (*Dhatu Poshana*)

Weight in comparison with gestational age



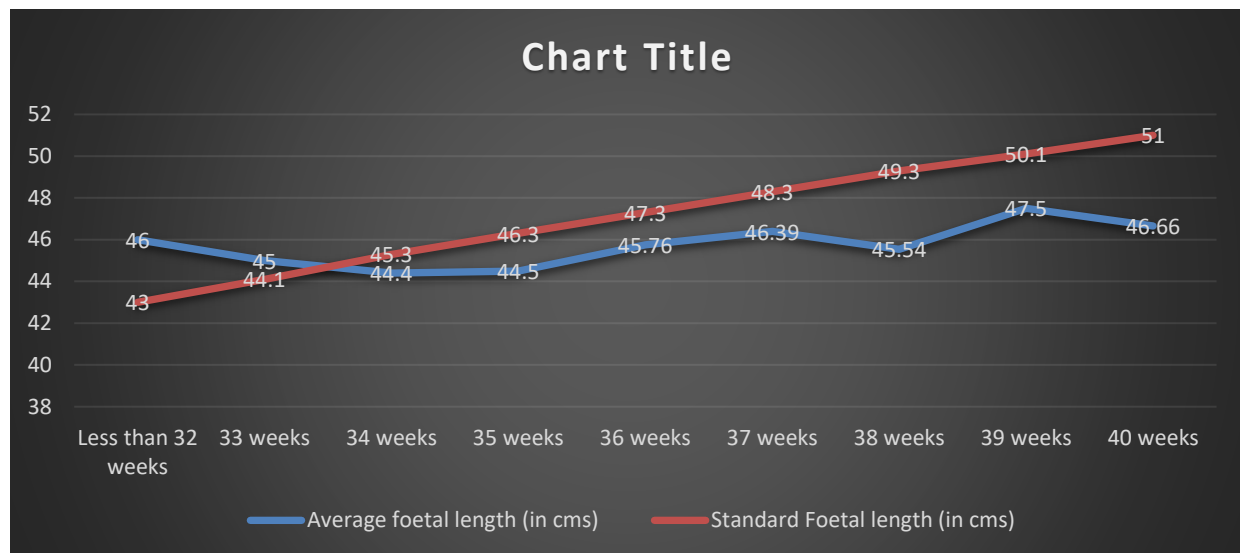
Birth weight exceeded standard values in preterm gestational groups (<32–37 weeks), reflecting adequate foetal nutrition in early and mid-pregnancy. However, average weight at 38–40

weeks fell below the standard, most markedly at 40 weeks (2.50 kg vs. 3.38 kg),



Head circumference was consistently above standard values at every gestational age, indicating favourable cephalic growth throughout pregnancy. This is the most notable finding of the

study and may reflect the neurotropic benefits of Medhya Rasayana herbs, balanced micronutrient intake, and stress-reduction practices inherent to Garbhini Paricharya.



Foetal length exceeded standard values in early preterm neonates (<32 and 33 weeks) but progressively lagged behind from 34 weeks onward, with a gap of approximately 4–5 cm at term. This pattern may suggest brain-sparing growth prioritisation in later gestation, where cephalic development is maintained at the relative expense of linear skeletal growth.

9. CONCLUSION

The retrospective analysis indicates that pregnancies managed under Ayurvedic principles of *Garbhini Paricharya* demonstrated:

1. Predominantly term deliveries
2. Majority normal birth weight neonates
3. Satisfactory APGAR scores
4. Normal head circumference and length in most cases
5. Low incidence of foetal growth abnormalities
6. Head circumference consistently exceeded standard reference values across all gestational ages, suggesting a potential neuroprotective benefit of *Garbhini Paricharya*.
7. Birth weight was above standard in preterm groups but fell below standard at term, indicating a need for enhanced nutritional support in the third trimester.
8. Foetal length was above standard in early preterm neonates but lagged behind standard values from 34 weeks onward.

The overall low incidence of growth restriction (only 7 cases below 40 cm) reflects a favourable growth environment under this Ayurvedic antenatal regimen.

The findings suggest that Ayurvedic antenatal care, emphasizing diet, lifestyle regulation, psychological well-being, and herbal supplementation, may positively influence foetal anthropometric parameters and overall neonatal outcomes. Although present retrospective study design is of small sample size, the results provide supportive clinical evidence for the potential role of Ayurvedic antenatal management in achieving healthy pregnancy outcomes and the concept of *Supraja*.

Future Scope

1. Prospective Controlled Studies

Future research should include randomized controlled trials comparing:

- Ayurvedic antenatal care
- Conventional care
- Integrative models

This will help establish stronger evidence.

2. Biochemical and Placental Studies

Investigate:

- Placental blood flow (Doppler studies)
- Maternal haemoglobin, serum protein, micronutrient levels
- Inflammatory markers

To understand physiological mechanisms behind observed growth patterns.

3. Epigenetic and Foetal Programming Research

Modern concepts of foetal programming and epigenetics should be explored to evaluate how Ayurvedic interventions influence long-term metabolic and neurological outcomes.

4. Long-Term Follow-Up Studies

Follow children for:

- Neurodevelopmental milestones
- Cognitive performance
- Immunity status
- Metabolic health

To assess the concept of *Supraja* beyond birth.

5. Standardization of *Garbhini Paricharya* Protocol

Develop standardized clinical guidelines integrating classical references with modern obstetric safety protocols.

6. Multicentric Large Sample Studies

To increase statistical power and generalizability.

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About the Corresponding Author

Dr. Narayan Chandra Mishra is Associate Professor and Head of the Department of Prasuti Tantra evam Stree Roga at Government Autonomous Ashtang Ayurved College and Hospital, Indore, Madhya Pradesh, India. His academic and research interests include Ayurvedic obstetrics and gynaecology, women's health, reproductive care, and evidence-based Ayurvedic clinical practice.